Focus Group Findings from Other HRSA SPG Recipients Presentation of Heather Sacks for the District of Columbia Department of Health Health Care Coverage Advisory Panel meeting Monday, October 18, 2004

30 HRSA SPG recipients, including the District have conducted or will be conducting individual focus groups.

The vast majority of these focus groups are with uninsured residents, not individuals who are enrolled in public programs. This perspective differs slightly from our focus groups because we did specifically target individuals enrolled in Medicaid and the Alliance.

Many of the questions that other states used were the same questions we used in the District.

Main Barriers to Health Coverage

- Public program deterrents for individuals who may be eligible but not enrolled
 - Medicaid deterrent is the time it took to get through the application process
 - Lack of access to providers
 - o Recertification process is cumbersome
 - o Little flexibility in scheduling appointments
 - O Differing viewpoints about lack of knowledge about state programs some reported they did have a lack of knowledge of the programs while others were well aware of the programs offered
- Cost
 - o It is too expensive to purchase individual coverage
 - Make too much money to qualify for public coverage programs; many individuals report that poverty is rewarded, not hard work
 - o No cushion to pay for health care after rent, food and other insurance
 - Many reports of people delaying treatment because they are uninsured and can't afford to pay for it
- Hispanics and other minority groups are reluctant to get help due to:
 - Language barriers that prevent them from understanding program details and complexities;
 - o Pending immigration status or fearful encounters with the government
 - Length and redundancy of benefit forms
- Uninsurance is tied to employment: it is not offered at work, individuals work for small businesses who are less likely to offer insurance, part-time and temporary workers are not offered coverage, deductibles and co-payments are too expensive
 - Mixed opinions about whether finding a job with health insurance was a priority, or just finding employment was more important

Additional reasons why people are uninsured

• Ethic of self-reliance, great resourcefulness in finding personal solutions to the problems. Many individuals report using home remedies to cure their ills as opposed to going to a doctor

- Individuals who are younger and healthier were willing to risk ill health and debt; not need care now so why pay for it?
- Think there is greed on the part of insurance companies, drug manufacturers, hospitals and physicians

Why it is important to have health coverage

- Many individuals reported finding great value in having health insurance
- Did not forego insurance because they did not think they needed it; care is essential but out of reach for some
- Uninsured seek care only when they really need it and will stop taking medication if they can't afford
 it

What is important

- High priority on ability to choose physicians
- Accessibility and affordability
- Comprehensive coverage

Do you feel you are treated differently as an uninsured/publicly insured individual

- Concern that favorable benefits are only available to people who can afford them
- Some doctors and dentists do not accept Medicaid
- Limited cultural competency among professionals some believe they are treated disrespectfully

What can the government/state/county do?

- Government should subsidize insurance, give tax credits to employers who offer coverage
- Medicaid buy-in
- Individual/employer based pools
- Share responsibility between state, employer and insurance company
- Expand eligibility of state health programs
- Consider each case individually with respect to asset test
- Promote more stable, well-paying jobs

Other interesting facts

- Recognition of how fortunate Americans are to have insurance
- Some Hispanic groups reported they go to their traditional healer, or treat with home remedies
- Given the challenge of accessing services in certain states (rural nature), some wondered whether having insurance would make any difference
- In Texas reports of going to Mexico to get care